



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		932940.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	1252185.97									
(c) Total Receipts (from Line 19) .....	205393.78	788798.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1457579.75	1721738.79								
7. Total Disbursements (from Line 31) .....	226496.12	490655.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1231083.63	1231083.63								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	182175.02	705660.02
(i) Itemized (use Schedule A) .....	11340.00	54021.68
(ii) Unitemized .....	193515.02	759681.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	193515.02	759681.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	4365.81	11712.83
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7512.95	17403.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	205393.78	788798.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	205393.78	788798.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7496.12	19655.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7496.12	19655.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	219000.00	471000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	226496.12	490655.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	226496.12	490655.16

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	193515.02	759681.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	193515.02	759681.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7496.12	19655.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	4365.81	11712.83
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3130.31	7942.33

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Amy Jo Ptaszek, MD

Mailing Address 2401 Ravine Way Ste 200

City

Glenview

State

IL

Zip Code

60025-7645

FEC ID number of contributing federal political committee.

C

Name of Employer  
Illinois Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: 27610800

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arnold Abraham Yashar, MD

Mailing Address 5531 Taft Ave

City

La Jolla

State

CA

Zip Code

92037-7643

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: 27610801

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian D Wittenberg, MD

Mailing Address PO Box 430

City

Petoskey

State

MI

Zip Code

49770-0430

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

Transaction ID: 27610802

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. James H Beaty, MD

Mailing Address Campbell Clinic  
1211 Union Ave Ste 500

City Memphis State TN Zip Code 38104-6656

FEC ID number of contributing federal political committee. **C**

Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2008  
**Transaction ID:** 27610803  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David W Edelstein, MD

Mailing Address 2727 W Holcombe

City Houston State TX Zip Code 77025-1669

FEC ID number of contributing federal political committee. **C**

Name of Employer Kelsey Seyhold Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2008  
**Transaction ID:** 27610806  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Timothy S Petsche, MD

Mailing Address 2525 Kaneville Rd

City Geneva State IL Zip Code 60134-2578

FEC ID number of contributing federal political committee. **C**

Name of Employer Fox Valley Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2008  
**Transaction ID:** 27610807  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kent Jason Lowry, , MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2008		
	Mailing Address 444 E Timber Dr		<b>Transaction ID:</b> 27610809		
	City Rhinelanders	State WI	Zip Code 54501-2852	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Self Employed		
Occupation Orthopaedic Surgeon		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 500.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James W Scott, , MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2008		
	Mailing Address PO Box 7630		<b>Transaction ID:</b> 27610810		
	City Tifton	State GA	Zip Code 31793-7630	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Georgia Sports Medicine		
Occupation Orthopaedic Surgeon		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1000.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Brent A Davis, , MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2008		
	Mailing Address 145 Medical Park Ln Ste I		<b>Transaction ID:</b> 27610814		
	City Murphy	State NC	Zip Code 28906-6663	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer Mountain Valley Orthopedics		
Occupation Orthopaedic Surgeon		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Henry Relton McCarroll, Jr, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 2351 Clay St Ste 510	<b>Transaction ID:</b> 27610817
	City State Zip Code San Francisco CA 94115-1931	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel T Stein, , MD	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 11160 Warner Ave Ste 311	<b>Transaction ID:</b> 27625042
	City State Zip Code Fountain Valley CA 92708-4055	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Coastline Orthopaedic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Eduardo Agustin Salvati, , MD	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address Hosp for Special Surgery 535 E 70th St	<b>Transaction ID:</b> 27625044
	City State Zip Code New York NY 10021-4872	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hospital for Special Surgery	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 2815 S Pennsylvania Ave Ste 204	<b>Transaction ID:</b> 27625071
	City State Zip Code Lansing MI 48910-3496	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Timothy L Keenen, , MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address Pacific Spine Specialists 19260 SW 65th Ave Ste 270	<b>Transaction ID:</b> 27625073
	City State Zip Code Tualatin OR 97062-5705	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pacific Spine Specialists	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, , MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 758 Old Norcross Rd Ste 100	<b>Transaction ID:</b> 27625074
	City State Zip Code Lawrenceville GA 30045-3386	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Resurgens Orthopedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David A Bernstein, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 6600	<b>Transaction ID:</b> 27625075
	City State Zip Code Albuquerque NM 87106-5411	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer New Mexico Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Nicholas Blavatsky, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 435 S Crystal Ste 400	<b>Transaction ID:</b> 27625076
	City State Zip Code Butte MT 59701-1506	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Montana Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John W Noble, Jr, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address PO Box 1807	<b>Transaction ID:</b> 27625077
	City State Zip Code Lake Charles LA 70602-1807	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Troy B Watkins, Jr, MD

Mailing Address 125 E Idaho Ste 104

City State Zip Code  
Boise ID 83712-6254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mountain States Hand Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

**Transaction ID:** 27625078

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Frank P Giammattei, MD

Mailing Address Crozer-Chester Med Ctr Ste 324  
Professional Office Bldg 2

City State Zip Code  
Upland PA 19013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

**Transaction ID:** 27625079

Amount of Each Receipt this Period  
83.34

**C.** Full Name (Last, First, Middle Initial)  
Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code  
Chevy Chase MD 20815-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit Ortho Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 8

**Transaction ID:** 27625080

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1183.34

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial) Dr. Thomas John Noonan, , MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
Mailing Address Steadman Hawkins Clinic 8200 Belleview Ave Ste 615		Transaction ID: 27625081
City Greenwood Village	State CO	
Zip Code 80111-2808	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dr. Paul T Rud, , MD		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
Mailing Address 15684 Birchwood Ln		Transaction ID: 27625082
City Brainerd	State MN	
Zip Code 56401-6177	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Dr. Charles Francis Mess, Jr, MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 12470 Petrillo Dr		Transaction ID: 27719562
City Highland	State MD	
Zip Code 20777-9567	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Frank L Barnes, , MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008		
	Mailing Address 3117 Avalon Pl		<b>Transaction ID:</b> 27719563		
	City Houston	State TX	Zip Code 77019-5905	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Bryan Scott Kamps, , MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008		
	Mailing Address 1900 Redrock Dr		<b>Transaction ID:</b> 27719564		
	City Gallup	State NM	Zip Code 87301-5682	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer RMCHCS		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David J Kolessar, , MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008		
	Mailing Address Geisinger Clinic 1000 E Mountain Blvd		<b>Transaction ID:</b> 27719566		
	City Wilkes Barre	State PA	Zip Code 18711-0027	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Garry S Kitay, MD

Mailing Address Jacksonville Ortho Institute  
1325 San Marco Blvd Ste 200

City Jacksonville State FL Zip Code 32207-8566

FEC ID number of contributing federal political committee. **C**

Name of Employer Jacksonville Ortho Institute Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: 27719567

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles Kelly Safley, MD

Mailing Address 4466 W Bristol Rd

City Flint State MI Zip Code 48507-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: 27719568

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Allen Sellards, MD

Mailing Address 101 S Seas Dr Apt 502

City Jupiter State FL Zip Code 33477-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
04 / 16 / 2008

Transaction ID: 27719617

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Philip Schrank, , MD

Mailing Address 5 Schooners Cove

City State Zip Code  
Setauket NY 11733-3951

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27719618

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jimmy H Conway, , MD

Mailing Address 6205 N Santa Fe Ave

City State Zip Code  
Oklahoma City OK 73118-7537

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27719619

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark C Senese, , MD

Mailing Address 6352 N Pinnacle Ridge Dr

City State Zip Code  
Tucson AZ 85718-3535

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27719620

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph A Suarez, MD

Mailing Address 3311 Hylan Blvd

City Staten Island State NY Zip Code 10306-3688

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	8

Transaction ID: 27719621

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Richard D Schmidt, MD

Mailing Address 4010 Sunnyside Rd

City Edina State MN Zip Code 55424-1212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	8

Transaction ID: 27719624

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel R Ripa, MD

Mailing Address 4000 S 98th St

City Lincoln State NE Zip Code 68520-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	8

Transaction ID: 27719626

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Keith M Rezin, MD

Mailing Address 1051 W Rt 6 Ste 100

City State Zip Code  
Morris IL 60450-3370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** 27719627

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. J Gregory Kinnett, MD

Mailing Address 5534 Saint Charles Ave

City State Zip Code  
New Orleans LA 70115-5048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McLeod Physicians Assoc Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** 27719628

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. William L Hennrikus, Jr, MD

Mailing Address 534 E Mariners Circle

City State Zip Code  
Fresno CA 93730-0847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sequoia Pediatric Orthopaedics Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** 27719629

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Shepard R Hurwitz, MD		Date of Receipt	
	Mailing Address 400 Silver Cedar Ct		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27719631
	Chapel Hill	NC	27514-1585	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer ABOS		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 850.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Vincent Bruno, MD		Date of Receipt	
	Mailing Address 37832 Atkins Knoll		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27719633
	Oconomowoc	WI	53066-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer Aurora Medical Group		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jacob F Patterson, MD		Date of Receipt	
	Mailing Address 933 Sell Ave Ste A PO Box 310		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27719637
	Canon City	CO	81212-4900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. H Randal Woodward, MD

Mailing Address 11819 Miracle Hills Dr Ste 102

City State Zip Code  
Omaha NE 68154-4428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nebraska Spine Center, LLP Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID: 27719743**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph W Clark, MD

Mailing Address The Orthopaedic Center  
927 Franklin St SE Ste 3

City State Zip Code  
Huntsville AL 35801-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID: 27719744**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eeric Truumees, MD

Mailing Address 615 S Troy

City State Zip Code  
Royal Oak MI 48067-2722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

**Transaction ID: 27719746**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bradley C Edgerton, , MD  
 Mailing Address 4888 Adrian Ln  
 City Hermantown State MN Zip Code 55811-3904  
 Date of Receipt 04 / 15 / 2008  
 Transaction ID: 27719747  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer St. Mary's Duluth Clinic Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 700.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David W Romness, , MD  
 Mailing Address Commonwealth Orthopaedics  
1635 N George Mason Dr Ste 310  
 City Arlington State VA Zip Code 22205-3616  
 Date of Receipt 04 / 15 / 2008  
 Transaction ID: 27719749  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Commonwealth Orthopaedics Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David A Carrier, , MD  
 Mailing Address 20 Hagen Dr Ste 110  
 City Rochester State NY Zip Code 14625-2657  
 Date of Receipt 04 / 15 / 2008  
 Transaction ID: 27719750  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Employed Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Cary T Tanamachi, MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 1010 N Beltline Ste 101	<b>Transaction ID:</b> 27719751
	City State Zip Code Mesquite TX 75149-1770	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Knute C Buehler, MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 2200 NE Neff Rd Ste 200	<b>Transaction ID:</b> 27719752
	City State Zip Code Bend OR 97701-4281	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Center Oregon	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John W Gainor, MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address PO Box 1200	<b>Transaction ID:</b> 27719753
	City State Zip Code Santa Barbara CA 93102-1200	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Santa Barbara Medical Clinic	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard W Garner, , MD

Mailing Address 3260 Providence Dr Ste 200  
AFOC

City Anchorage State AK Zip Code 99508-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Anchorage Fracture & Orthopaedic Clini  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 15 / 2008  
Transaction ID: 27719754  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert A Sciortino, , MD

Mailing Address 2821 N Ballas Rd Ste C-15

City Saint Louis State MO Zip Code 63131-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer St Louis Orthopaedic Surg-  
eons  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2008  
Transaction ID: 27719755  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Terrence M O'Donovan, , MD

Mailing Address 200 Hospital Dr 2nd Fl

City Glen Burnie State MD Zip Code 21061-5884

FEC ID number of contributing federal political committee. **C**

Name of Employer Chesapeake Orthopaedics  
Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 15 / 2008  
Transaction ID: 27719757  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Chase, MD

Mailing Address PO Box 8179

City State Zip Code  
St Thomas VI 00801-1179

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Virgin Islands Orthopaedics & Sports M Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID: 27719758**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Rudolf Hoellrich, MD

Mailing Address Slocum Orthopedics  
55 Coburg Rd

City State Zip Code  
Eugene OR 97401-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID: 27719759**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael S Petersen, MD

Mailing Address Valley Oak Orthopaedics  
2031 Anderson Rd Ste A

City State Zip Code  
Davis CA 95616-0621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Valley Oak Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID: 27719760**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Troy D Pierce, , MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 4012 Edgewater PI SE	<b>Transaction ID:</b> 27719761
	City State Zip Code Mandan ND 58554-7968	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Bone & Joint Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William B Wiley, , MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 30 Willow Lake Dr	<b>Transaction ID:</b> 27719762
	City State Zip Code Warner Robins GA 31093-8565	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Houston Ortho Surgery & Sports Med Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard K Muir, , MD	Date of Receipt MM / DD / YYYY 04 / 15 / 2008
	Mailing Address 3905 Waring Rd	<b>Transaction ID:</b> 27719763
	City State Zip Code Oceanside CA 92056-4405	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Ortho Specialists of North County Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Peter C C Rink, , DO

Mailing Address 1414 W Lombard  
Orthopaedic and Rheumatology Assoc

City State Zip Code  
Davenport IA 52804-2148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ortho & Rheumatology Associates Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 27719764

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raymond J Stefanich, , MD

Mailing Address 2410 Ridgeway Ave

City State Zip Code  
Rochester NY 14626-4114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 27719765

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Burrel C Gaddy, , MD

Mailing Address Midwest Orthopaedics, PA  
8800 W 75th St Ste 350

City State Zip Code  
Shawnee Mission KS 66204-4029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Midwest Orthopaedics, P.A. Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27721260

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Roger A Mann, , MD

Mailing Address 80 Grand Ave  
5th Fl

City State Zip Code  
Oakland CA 94612-3725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oakland Orthopaedic Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27721261

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen A Yoder, , MD

Mailing Address 934 Center St

City State Zip Code  
Ashland OH 44805-4063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27721262

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James L Griffin, , MD

Mailing Address 4802 S 109th E Ave

City State Zip Code  
Tulsa OK 74146-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tulsa Bone and Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 27721263

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Darin T Leetun, MD	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Mailing Address Portage Health 500 Campus Dr	<b>Transaction ID:</b> 27721264
	City Hancock State MI Zip Code 49930-1569	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Portage Health Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew Zmurko, MD	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Mailing Address 3 Albert Cree Dr	<b>Transaction ID:</b> 27721265
	City Rutland State VT Zip Code 05701-4601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Vermont Orthopaedic Clinic Occupation Orthopaedic Surgeons Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven E Fisher, MD	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8
	Mailing Address Ft Wayne Orthopaedics PO Box 2526	<b>Transaction ID:</b> 27721266
	City Fort Wayne State IN Zip Code 46801-2526	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Fort Wayne Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul A Sauer, MD

Mailing Address 2656 Sarah Ln

City State Zip Code  
Beloit WI 53511-9559

FEC ID number of contributing federal political committee. **C**

Name of Employer: Beloit Clinic   Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2008  
**Transaction ID: 27721267**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Matthew J Kraay, MD

Mailing Address University Hosp of Cleveland  
11100 Euclid Ave

City State Zip Code  
Cleveland OH 44106-1716

FEC ID number of contributing federal political committee. **C**

Name of Employer: University Hospitals of Cleveland   Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 16 / 2008  
**Transaction ID: 27721268**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Allen Rosen, MD

Mailing Address 5911 Fashion Blvd Ste 100

City State Zip Code  
Salt Lake City UT 84107-7385

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed   Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 16 / 2008  
**Transaction ID: 27721269**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lawrence Berson, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 410 Saybrook Rd Ste 100	<b>Transaction ID:</b> 27798264
	City State Zip Code Middletown CT 06457-4780	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MOS, PC Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Howard R Epps, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 7401 S Main	<b>Transaction ID:</b> 27798265
	City State Zip Code Houston TX 77030-4509	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St Ste 121	<b>Transaction ID:</b> 27798267
	City State Zip Code San Diego CA 92103-1913	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UCSD Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth Sabbag, MD

Mailing Address 39 Congress St Ste 201

City Pasadena State CA Zip Code 91105-3021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

**Transaction ID:** 27798268

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. James M Loddengaard, MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City Torrance State CA Zip Code 90505-4716

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

**Transaction ID:** 27798269

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Douglas Bentley Freedberg, MD

Mailing Address 6818 E Valley Vista Ln

City Paradise Valley State AZ Zip Code 85253-5349

FEC ID number of contributing federal political committee. **C**

Name of Employer ASMC Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

**Transaction ID:** 27798270

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Lamont Bargar, MD		Date of Receipt	
	Mailing Address 1020 29th St Ste 450		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27798271
	Sacramento	CA	95816-5173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, MD		Date of Receipt	
	Mailing Address 91 Parker Hill Ave		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27798273
	Roxbury Crossing	MA	02120-3215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Longwood Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas A Mann, MD		Date of Receipt	
	Mailing Address 4176 W 116th Way		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27798274
	Westminster	CO	80031-5172	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Cornerstone Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Julius Stephen Brecht, MD

Mailing Address 5815 Prominence Pte Dr

City State Zip Code  
Anchorage AK 99516-5415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alaska Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798275

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert L Cameto, MD

Mailing Address 6403 Coyle Ave Ste 170

City State Zip Code  
Carmichael CA 95608-0363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northern California Ortho Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798276

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mark J Conklin, MD

Mailing Address 660 Golden Ridge Rd Ste 250  
Panorama Ortho & Spine Ctr

City State Zip Code  
Golden CO 80401-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Panorama Orthopedic and Spine Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798277

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. William C McMaster, , MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code  
Orange CA 92868-3856

FEC ID number of contributing federal political committee. **C**

Name of Employer: Adult & Pediatric Orthopaedic Speciali  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 24 / 2008  
**Transaction ID: 27798278**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bruce J Sangeorzan, , MD

Mailing Address Harborview Med Ctr-U of W  
325 Ninth Ave Box 359798

City State Zip Code  
Seattle WA 98104-2420

FEC ID number of contributing federal political committee. **C**

Name of Employer: University of Washington  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 24 / 2008  
**Transaction ID: 27798279**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Clay M Wertheimer, , MD

Mailing Address 1100 Pacific Ave Ste 300  
Everett Bone and Joint

City State Zip Code  
Everett WA 98201-4261

FEC ID number of contributing federal political committee. **C**

Name of Employer: Proliance Surgeons  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 24 / 2008  
**Transaction ID: 27798280**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Peter G Noordsij, MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address Concord Orthopaedics PA 264 Pleasant St	<b>Transaction ID:</b> 27798281
	City State Zip Code Concord NH 03301-2551	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Concord Orthopaedics PA Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Edward W Younger, III, MD	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 6555 Coyle Ave Ste 235	<b>Transaction ID:</b> 27798282
	City State Zip Code Carmichael CA 95608-0370	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph E Mumford, MD	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 909 SW Mulvane St	<b>Transaction ID:</b> 27798284
	City State Zip Code Topeka KS 66606-1677	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Kansas Orthopaedic & Sports Medicine Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bruce Andrew Monaghan, MD  
Mailing Address 414 Tatum St  
City Woodbury State NJ Zip Code 08096-3499  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedics at Woodbury Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 18 / 2008  
Transaction ID: 27798285  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James W Gallentine, MD  
Mailing Address 3121 Sheridan Blvd  
City Lincoln State NE Zip Code 68502-5232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Nebraska Ortho & Sports Med Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 18 / 2008  
Transaction ID: 27798287  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary Johanna Albert, MD  
Mailing Address 758 Old Norcross Rd Ste 100  
City Lawrenceville State GA Zip Code 30045-3386  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 04 / 18 / 2008  
Transaction ID: 27798289  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Fredrick Huang, , MD

Mailing Address 4011 Talbot Rd S Ste 300

City Renton State WA Zip Code 98055-5791

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 18 / 2008  
Transaction ID: 27798292  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark C Pinto, , MD

Mailing Address 775 S Main St

City Chelsea State MI Zip Code 48118-1383

FEC ID number of contributing federal political committee. **C**

Name of Employer Chelsea Community Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 18 / 2008  
Transaction ID: 27798293  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Angelo DiFelice, Jr, MD

Mailing Address Resurgens Orthopaedics  
1285 Hembree Rd Ste 200A

City Roswell State GA Zip Code 30076-4995

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 18 / 2008  
Transaction ID: 27798294  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Lloyd E Witham, MD

Mailing Address 1107 Ironwood Dr

City State Zip Code  
Coeur D Alene ID 83814-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798296  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Karen Jane McRae, MD

Mailing Address Watauga Ortho  
2410 Susannah St

City State Zip Code  
Johnson City TN 37601-1765

FEC ID number of contributing federal political committee. **C**

Name of Employer Watauga Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798297  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Paul Strawn Sherbondy, MD

Mailing Address Ste 112, MC-UP02  
1850 E Park Ave

City State Zip Code  
State College PA 16803-6706

FEC ID number of contributing federal political committee. **C**

Name of Employer Milton S Hershey Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798300  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... **1250.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Theron Jameson, , DO

Mailing Address 12 Cascade Ter

City Burlington State IA Zip Code 52601-6516

FEC ID number of contributing federal political committee. **C**

Name of Employer Jameson Orthopedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798301  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Matthew C Reckmeyer, , MD

Mailing Address Lincoln Ortho Ctr  
PO Box 6939

City Lincoln State NE Zip Code 68506-0939

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798302  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Clio Robertson, , MD

Mailing Address 6585 S Yale Ste 200

City Tulsa State OK Zip Code 74136-8315

FEC ID number of contributing federal political committee. **C**

Name of Employer Central States Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798303  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Kuhlman, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address Piedmont Healthcare 774 Hartness Rd	<b>Transaction ID:</b> 27798304
	City State Zip Code Statesville NC 28677-3376	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Piedmont Healthcare, PA Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Leland R Mayer, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address S 5841 County Rd B	<b>Transaction ID:</b> 27798305
	City State Zip Code Eau Claire WI 54701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Luther-Midelfort Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Mueller, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 4632 Stonehaven Dr	<b>Transaction ID:</b> 27798306
	City State Zip Code Columbus OH 43220-2856	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Ricky Wilkerson, , DO

Mailing Address 1200 1st Ave E Ste C

City State Zip Code  
Spencer IA 51301-4342

FEC ID number of contributing federal political committee. **C**

Name of Employer  
NW Iowa Bone, Joint, and Sports Surgeo

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: 27798307

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. W John Bruder, , MD

Mailing Address 4045 W Royal Dr

City State Zip Code  
Traverse City MI 49684-8965

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Great Lakes Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: 27798309

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James A Hill, , MD

Mailing Address 676 N Saint Clair 13th Fl

City State Zip Code  
Chicago IL 60611-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Northwestern Medical Faculty Foundatio

Occupation  
Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: 27798310

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Marks, , MD, MBA

Mailing Address Coastal Orthopaedics, PC  
40 Cross St Ste 300

City Norwalk State CT Zip Code 06851-4661

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798311  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael F Schafer, , MD

Mailing Address Dept of Orthopaedic Surgery  
Northwestern Univ - School of Med

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern Univ Medical School Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798312  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Denny Carter, , MD

Mailing Address 102 Cumberland Island Circle

City Brunswick State GA Zip Code 31520-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeast Georgia Health System Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798313  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael David Miller, , MD		Date of Receipt	
	Mailing Address 1555 E River Rd		M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID: 27798314</b>
	Tucson	AZ	85718-5831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mary Haus, , MD		Date of Receipt	
	Mailing Address 4050 Briarwood Dr		M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID: 27798318</b>
	Jeannette	PA	15644-4054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Ohio Valley Medical Center		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew M Casden, , MD		Date of Receipt	
	Mailing Address Beth Israel Med Ctr/Spine Inst 10 Union Square East Ste 5P		M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID: 27798319</b>
	New York	NY	10003-3314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. James Cornelius Thriffley, IV, MD

Mailing Address 2010 Lantana Cove

City State Zip Code  
Biloxi MS 39532-4125

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798322  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Herbert I Hermele, MD

Mailing Address Orthopaedic Specialty Group, PC  
75 Kings Hwy Cutoff

City State Zip Code  
Fairfield CT 06824-5340

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Specialty Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798323  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David G Scott, MD

Mailing Address 9330 Bluffwind Chase

City State Zip Code  
Roswell GA 30076-3281

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 24 / 2008  
Transaction ID: 27798325  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Alan Goertzen, MD

Mailing Address Orthopaedics Northeast  
5050 N Clinton

City Fort Wayne State IN Zip Code 46825-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedics North East Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798326  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher M Wong, MD

Mailing Address 609 Matlock Centre Circle

City Arlington State TX Zip Code 76015-2535

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Orthopaedics and Rehabilitation Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798327  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. M Bradford Henley, MD, MBA

Mailing Address Harborview Orthopaedics  
Box 359798

City Seattle State WA Zip Code 98195-9798

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Washington Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 24 / 2008  
Transaction ID: 27798328  
Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Rodolfo E Lawson, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 7150W 20th Ave Ste 215	<b>Transaction ID:</b> 27798329
	City State Zip Code Hialeah FL 33016-1849	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James C Vailas, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address Orthopaedic Center 35 Kosciuszko St	<b>Transaction ID:</b> 27798330
	City State Zip Code Manchester NH 03101-1608	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Orthopaedic Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield, , MD	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 201 E Wendover Ave	<b>Transaction ID:</b> 27798331
	City State Zip Code Greensboro NC 27401-1205	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Assenmacher, MD

Mailing Address 7024 White Tail Ct

City Toledo State OH Zip Code 43617-1391

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2008

Transaction ID: 27798333

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Andrew Stuchin, MD

Mailing Address Hosp for Joint Disease  
301 E 17th St

City New York State NY Zip Code 10003-3804

FEC ID number of contributing federal political committee. **C**

Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2008

Transaction ID: 27798334

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Norman Eugene Walter, MD

Mailing Address McLaren Regional Med Ctr  
401 S Ballenger Hwy

City Flint State MI Zip Code 48532-3638

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 24 / 2008

Transaction ID: 27798335

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. John G Kloss, MD

Mailing Address 1075 N Curtis Ste 300

City State Zip Code  
Boise ID 83706-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boise Orthopedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

**Transaction ID:** 27798336

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Beissinger, MD

Mailing Address 6325 US Hwy 27 N Ste 201

City State Zip Code  
Sebring FL 33870-8226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Florida Joint & Spine Ins- titute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

**Transaction ID:** 27798337

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Chitranjan S Ranawat, MD

Mailing Address 535 East 70 St 6th Fl

City State Zip Code  
New York NY 10021-4872

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lenox Hill Hospital Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

**Transaction ID:** 27798338

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas John Haverbush, MD

Mailing Address 315 E Warwick Rd Ste A

City State Zip Code  
Alma MI 48801-1083

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798339

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lesley J Anderson, MD

Mailing Address 2100 Webster St Ste 309

City State Zip Code  
San Francisco CA 94115-2376

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798340

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph B White, MD

Mailing Address 1499 Chain Bridge Rd Ste 100

City State Zip Code  
McLean VA 22101-5704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798341

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)  
Dr. Henry Relton McCarroll, Jr, MD

Mailing Address 2351 Clay St Ste 510

City	State	Zip Code
San Francisco	CA	94115-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: 27798342

Amount of Each Receipt this Period  
250.00

B.

Full Name (Last, First, Middle Initial)  
Dr. Anthony J DiStasio, II, MD

Mailing Address Sentara Division of Ortho Trauma  
600 Gresham Dr

City	State	Zip Code
Norfolk	VA	23507-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentara Medical Group	Occupation Orthopaedic Surgeon
---	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 27798346

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Dr. Edward S Homan, Jr, MD

Mailing Address 329 St Augustine Ave

City	State	Zip Code
Tampa	FL	33617-7229

FEC ID number of contributing federal political committee. **C**

Name of Employer USF Medical School	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 27798348

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

750.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. C Thomas Hopkins, MD	Date of Receipt
	Mailing Address 717 S 8th St	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 5 / 2 0 0 8
	City State Zip Code Griffin GA 30224-4818	<b>Transaction ID:</b> 27798350
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Orthopaedic and Sports Injury Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David F Bindelglass, MD	Date of Receipt
	Mailing Address Orthopaedic Specialty Group, PC 75 Kings Hwy Cutoff	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	City State Zip Code Fairfield CT 06824-5340	<b>Transaction ID:</b> 27827916
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Orthopaedic Specialty Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph G Martin, MD	Date of Receipt
	Mailing Address 2300 53rd Ave Ste 100	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	City State Zip Code Bettendorf IA 52722-7565	<b>Transaction ID:</b> 27827920
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer ORA	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Douglas M Goumas, , MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 35 Kosciuszko St	<b>Transaction ID:</b> 27827931
	City State Zip Code Manchester NH 03101-1608	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer TOC Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel T Kuesis, , MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 555 Biesterfield Rd Core Orthopaedics	<b>Transaction ID:</b> 27827932
	City State Zip Code Elk Grove Village IL 60007-3306	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Core Orthopaedics and Sports Medicine Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald J Ortiz, , MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 5010 St Hwy 30 Ste 205	<b>Transaction ID:</b> 27827933
	City State Zip Code Amsterdam NY 12010-7532	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Mohawk Valley Orthopaedics Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Edward J. Adler, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 1518 Plaza Encantada NW	<b>Transaction ID:</b> 27827934
	City State Zip Code Albuquerque NM 87107-3255	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: New Mexico Orthopaedic Associates Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Amanda Maxey, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 4500 W Newberry Rd	<b>Transaction ID:</b> 27827935
	City State Zip Code Gainesville FL 32607-2245	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: The Orthopaedic Institute Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph F. Curtis, Jr, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address PO Box 250450	<b>Transaction ID:</b> 27827936
	City State Zip Code Montgomery AL 36125-0450	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Southern Orthopaedic Surgeons Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jonathan L Grantham, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address Freeman Ortho & Sports Med 1111 McIntosh Cir Ste B	<b>Transaction ID:</b> 27827937
	City State Zip Code Joplin MO 64804-3693	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Four States Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David L Cohen, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 1855 Powder Mill Rd	<b>Transaction ID:</b> 27827938
	City State Zip Code York PA 17402-4723	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William S Johnson, III, MD	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 502 Rue de Sante Ste 106	<b>Transaction ID:</b> 27827939
	City State Zip Code La Place LA 70068-5424	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer River Region Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Henry G Chambers, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address 3030 Children's Way Ste 410	<b>Transaction ID:</b> 27827940
	City State Zip Code San Diego CA 92123-4228	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Children's Specialists of San Diego Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Matthew T Kneidel, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address 10777 Nall Ave Ste 300	<b>Transaction ID:</b> 27827942
	City State Zip Code Overland Park KS 66211-1312	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Carondelet Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jack B Perlmutter, , MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address Lake Cook Ortho 27401 W Hwy 22 Ste 125	<b>Transaction ID:</b> 27827943
	City State Zip Code Barrington IL 60010-5934	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Lake Cook Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial) Dr. John T Quigley, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
Mailing Address West Coast Orthoc Medical Group 301 W Huntington Dr Ste 408		Transaction ID: 27827944
City Arcadia	State CA	Zip Code 91007-1502
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer West Coast Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
Mailing Address 1777 Hamburg Tpk Ste 305		Transaction ID: 27827945
City Wayne	State NJ	Zip Code 07470-5243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Benjamin C Tam, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
Mailing Address 707 S Garfield Ave Ste 201		Transaction ID: 27827947
City Alhambra	State CA	Zip Code 91801-5861
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Pacific Orthopaedic Medical Group	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Albert, MD

Mailing Address 1285 Hembree Rd Ste 200A

City Roswell State GA Zip Code 30076-4995

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827948  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Luis H Urrea, II, MD

Mailing Address 5009 Vista Del Monte

City El Paso State TX Zip Code 79922-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer El Paso Orthopaedic Group Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827949  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James M Morgan, MD

Mailing Address 5848 S 300 E #120

City Salt Lake City State UT Zip Code 84107-6121

FEC ID number of contributing federal political committee. **C**

Name of Employer Intermountain Healthcare Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827955  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. R Bryan Griffith, Jr, MD		Date of Receipt
	Mailing Address 8080 Bluebonnet Blvd Ste 1000		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Baton Rouge	LA	70810-7827
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27827956
Name of Employer Baton Rouge Orthopaedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jacob Samuel Heydemann, , MD		Date of Receipt
	Mailing Address 858 River Oaks		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 0 8
	City	State	Zip Code
	El Paso	TX	79912-3420
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27827960
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michelle D Ward, , MD		Date of Receipt
	Mailing Address 8409 Wilson Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Alta Loma	CA	91701-1950
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27827963
Name of Employer Garey Orthopedic Medical Group		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 59 / 149</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Arnold M Schwartz, MD</p> <p>Mailing Address 1895 Walt Whitman Rd Ste 3</p> <p>City State Zip Code Melville NY 11747-3031</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Orthopaedic Spine Care of Long Island      Occupation: Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 27827964</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2000.00</span> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Purcell Smith, III, MD</p> <p>Mailing Address 5228 W Plano Pkwy</p> <p>City State Zip Code Plano TX 75093-5005</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Self Employed      Occupation: Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 27827965</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. James N Nutt, III, MD</p> <p>Mailing Address 1308 DeKalb St</p> <p>City State Zip Code Norristown PA 19401-3404</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Norristown Orthopaedics      Occupation: Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 27827966</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	0	8												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">3250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Frederick M Azar, MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address 1211 Union Ave Ste 510	<b>Transaction ID:</b> 27827968
	City State Zip Code Memphis TN 38104-6656	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Campbell Clinic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher D Harner, MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address Center for Sports Medicine 3200 S Water St	<b>Transaction ID:</b> 27827969
	City State Zip Code Pittsburgh PA 15203-2307	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation University of Pittsburgh Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth A Egol, MD	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Mailing Address 301 E 17th St Ste 1402	<b>Transaction ID:</b> 27827970
	City State Zip Code New York NY 10003-3804	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NYU Hospital for Joint Diseases Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Scott M Levere, MD

Mailing Address 2041 Mesa Valley Way Ste 100

City State Zip Code  
Austell GA 30106-6828

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827971  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark James Albritton, MD

Mailing Address 105 Regency Park Dr

City State Zip Code  
McDonough GA 30253-6649

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827972  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Peatman, MD

Mailing Address 708 Longridge Rd

City State Zip Code  
Oakland CA 94610-2325

FEC ID number of contributing federal political committee. **C**

Name of Employer Webster Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2008  
Transaction ID: 27827973  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Shay Womack, MD

Mailing Address 270 Chastain Rd

City State Zip Code  
Kennesaw GA 30144-3012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Resurgens Orthopaedics Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2008

**Transaction ID: 27827974**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Horace Wilson, MD

Mailing Address Rankin Orthopaedic & Sports Medici  
1160 Varnum St NE Ste 312

City State Zip Code  
Washington DC 20017-2103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rankin Orthopaedics Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID: 27827985**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas E Baumgarten, MD

Mailing Address Piedmont Ortho Assoc  
35 International Dr

City State Zip Code  
Greenville SC 29615-4816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID: 27827986**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Andres Sanchez, MD

Mailing Address 869 Inverness Circle

City State Zip Code  
Spartanburg SC 29306-6680

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopedic Specialties Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID: 27827987**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kyle James Jeray, MD

Mailing Address Greenville Hospital System  
Dept of Orthopaedic Surgery

City State Zip Code  
Greenville SC 29605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Greenville Hospital System Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID: 27827988**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert N Hensinger, MD

Mailing Address Univ of Michigan Hosp  
2912 Taubman Ctr Box 0328

City State Zip Code  
Ann Arbor MI 48109-0328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of Michigan Medical Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID: 27827989**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 64 / 149</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peter Tomasello, , DO</p> <p>Mailing Address 1724 E Hallandale Beach Blvd</p> <p>City State Zip Code Hallandale Beach FL 33009-4611</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID: 27827990</b></p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Michael P Grant, , MD</p> <p>Mailing Address 706 Rider Ridge Dr</p> <p>City State Zip Code Longmont CO 80501-4695</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Longmont Clinic Occupation Longmont Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID: 27827991</b></p> <p>Amount of Each Receipt this Period 500.00</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Frederick T Lohr, , MD</p> <p>Mailing Address 100 Brown St</p> <p>City State Zip Code Chestertown MD 21620-1435</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8</p> <p><b>Transaction ID: 27827992</b></p> <p>Amount of Each Receipt this Period 250.00</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Edward L Westerheide, MD		Date of Receipt		
	Mailing Address C/O Chris Westbrook 1980 Tamarack Rd		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8		
	City Newark	State OH	Zip Code 43055-1363	<b>Transaction ID:</b> 27827993	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Orthopaedic Specialists and Sports Med		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Edward W Gutteling, MD		Date of Receipt		
	Mailing Address 45 Mohouli St		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8		
	City Hilo	State HI	Zip Code 96720-4145	<b>Transaction ID:</b> 27827994	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven I Grindel, MD		Date of Receipt		
	Mailing Address Medical College of Wisconsin Dept of Ortho Surg		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8		
	City Milwaukee	State WI	Zip Code 53226	<b>Transaction ID:</b> 27827995	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Medical College of Wisconsin		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Keith D Osborn, , MD

Mailing Address 5671 Peachtree Dunwoody Rd  
Ste 700

City Atlanta State GA Zip Code 30342-5000

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens PC Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 27827996

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Q Greenfield, Jr, MD

Mailing Address 2829 Babcock Rd Ste 700

City San Antonio State TX Zip Code 78229-6015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 27827997

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph E Alhadeff, , MD

Mailing Address 1555 Strawberry Mountain Dr

City Roanoke State VA Zip Code 24018-7686

FEC ID number of contributing federal political committee. **C**

Name of Employer Roanoke Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: 27827998

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mathias A Masem, MD

Mailing Address 80 Grand Ave #600

City State Zip Code  
Oakland CA 94612-3744

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 27828000

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Scott K McClelland, MD

Mailing Address 312 Grammont St Ste 200

City State Zip Code  
Monroe LA 71201-7403

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Clinic of NE LA Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 27828001

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas O Clanton, MD

Mailing Address The Univ of Texas Med School Houst  
Dept of Orthopaedic Surgery

City State Zip Code  
Houston TX 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer The Univ of Texas Medical School Houst Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 27828012

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Steven M Sanders, , MD	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 2020 Palomino Ln Ste 220	<b>Transaction ID:</b> 27828013
	City State Zip Code Las Vegas NV 89106-4891	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Peter D Pizzutillo, , MD	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address St Christopher's Hospital for Chil Section of Orthopaedics	<b>Transaction ID:</b> 27828014
	City State Zip Code Philadelphia PA 19134-1095	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Tenet Healthcare	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Brian C Aamlid, , MD	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address 1210 W 18th Ste G01	<b>Transaction ID:</b> 27828015
	City State Zip Code Sioux Falls SD 57104-4651	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Sanford Orthopaedics and Sports Medici	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul C Matson, , MD

Mailing Address 1431 Premier Dr  
PO Box 4369

City State Zip Code  
Mankato MN 56001-6076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopedic & Fracture Clinic Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: 27828016

Amount of Each Receipt this Period

250.00
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**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard J Mason, , MD

Mailing Address 510 Idlewild Ave

City State Zip Code  
Easton MD 21601-3881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Orthopaedic Center Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: 27828017

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas A Marberry, , MD

Mailing Address 4802 S 109th East Ave

City State Zip Code  
Tulsa OK 74146-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tulsa Bone & Joint Associates Orthopaedic Surgeon

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: 27828018

Amount of Each Receipt this Period

500.00
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**SUBTOTAL** of Receipts This Page (optional) .....

1000.00
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**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth A Martin, , MD		Date of Receipt	
	Mailing Address 8907 Kanis Rd Ste 330		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27828019
	Little Rock	AR	72205-6451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Martin Bowen Hefley Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Aaron Shapiro, , MD		Date of Receipt	
	Mailing Address 1712 W Anklam Ste 101		M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27828020
	Tucson	AZ	85745-2660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Tucson Orthopaedic Institute		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher S Mow, , MD		Date of Receipt	
	Mailing Address 500 Arguello St Ste 100		M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27905005
	Redwood City	CA	94063-1567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert H Anschuetz, , MD

Mailing Address 6770 Mayfield Rd Ste 441

City State Zip Code  
Mayfield Heights OH 44124-2299

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905006

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael T Stowell, , MD

Mailing Address 19254 Jamestown Dr

City State Zip Code  
Hagerstown MD 21742-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid Atlantic Orthopaedic Specialists Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905007

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jos Adrianus Cove, , MD

Mailing Address 808 N Yakima Ave

City State Zip Code  
Tacoma WA 98403-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905009

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. H Ryan Bicknell, Jr, MD

Mailing Address 7925 Youree Dr Ste 200

City State Zip Code  
Shreveport LA 71105-5134

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** 27905010

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Roger B Collins, , MD

Mailing Address 105 N Greenleaf St

City State Zip Code  
Gurnee IL 60031-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenleaf Orthopaedic Ass-ociates Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** 27905011

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey C Davis, , MD

Mailing Address 1208 Perthshire Ct

City State Zip Code  
Vestavia Hls AL 35242-6076

FEC ID number of contributing federal political committee. **C**

Name of Employer OSA Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

**Transaction ID:** 27905012

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Vincent Iacono, MD		Date of Receipt
	Mailing Address PO Box 30		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Stoughton	MA	02072-0030
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 27905015
Name of Employer Orthopedic Care Consultants		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Regina O Hillsman, MD		Date of Receipt
	Mailing Address 1771 Post Rd E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Westport	CT	06880-5606
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 27905016
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth G Gati, MD		Date of Receipt
	Mailing Address 2700 Vine St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	El Dorado	AR	71730
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 27905017
Name of Employer South Arkansas Orthopedics		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 149

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W Cook, , MD

Mailing Address Franklin Ortho & Sports Med  
3310 Aspen Grove Dr Ste 102

City State Zip Code  
Franklin TN 37067-2841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Franklin Ortho & Sports Orthopaedic Surgeon  
Medicine

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905019

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert John D'Agostini, , MD

Mailing Address 1590 Rt 206 N Ste 101

City State Zip Code  
Bedminster NJ 07921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905020

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bert G Tardieu, , MD

Mailing Address 240 San Jose St

City State Zip Code  
Salinas CA 93901-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Precision Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905026

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Scott A Meyer, , MD	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address Iowa Orthopaedic Center, PC 411 Laurel St Ste 3300	<b>Transaction ID:</b> 27905027
	City Des Moines State IA Zip Code 50314-3027	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Iowa Orthopaedic Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen G Morris, , MD	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 1600 Esplande Ste C	<b>Transaction ID:</b> 27905028
	City Chico State CA Zip Code 95926-3369	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William G Sale, , MD	Date of Receipt MM / DD / YYYY 05 / 08 / 2008
	Mailing Address 100 Tracy Way	<b>Transaction ID:</b> 27905030
	City Charleston State WV Zip Code 25311-1257	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Bone & Joint Surgeons, In-c. Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jerald L Cooper, , MD

Mailing Address 7601 W Jefferson Blvd

City State Zip Code  
Fort Wayne IN 46804-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27905031

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. J Kenneth Burkus, , MD

Mailing Address 6262 Veterans Pkwy

City State Zip Code  
Columbus GA 31909-3540

FEC ID number of contributing federal political committee. **C**

Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27905032

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert L Barrack, , MD

Mailing Address Washington Univ School of Med  
660 S Euclid Ave-Campus Box 8233

City State Zip Code  
Saint Louis MO 63110

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington University Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27905034

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard S Idler, , MD

Mailing Address 8501 Harcourt Rd  
PO Box 80434

City Indianapolis State IN Zip Code 46260-2046

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 08 / 2008  
Transaction ID: 27905035  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Berkowitz, , MD

Mailing Address 1200 Eagle Ave

City Ocean State NJ Zip Code 07712-7631

FEC ID number of contributing federal political committee. **C**

Name of Employer Seaview Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 08 / 2008  
Transaction ID: 27905038  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Q Lewis, , MD

Mailing Address Orthopaedic Surgery and Sports Med  
6118 Parkway Dr

City Corpus Christi State TX Zip Code 78414-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 08 / 2008  
Transaction ID: 27905039  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. James C Wittig, , MD

Mailing Address 79 Ashburn Rd

City State Zip Code  
Wayne NJ 07470-2640

FEC ID number of contributing federal political committee. **C**

Name of Employer Mount Sinai Medical Center Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905040

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Donald R Bohay, , MD

Mailing Address 1111 Leffingwell NE Ste 100

City State Zip Code  
Grand Rapids MI 49525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905041

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Albert Johnson, , MD

Mailing Address 1081 Route 22 W

City State Zip Code  
Bridgewater NJ 08807-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer Somerset Orthopaedic Assoc. PA Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 27905042

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Hervey S Sicherman, MD

Mailing Address 1777 Hamburg Tpke Ste 301

City State Zip Code  
Wayne NJ 07470-5243

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27905043  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Greg Carpenter, MD

Mailing Address 3490 Oak Hollow Dr

City State Zip Code  
Ann Arbor MI 48103-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Chelsea Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27905044  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elliot L Coles, MD

Mailing Address 2929 E Harford Ave

City State Zip Code  
Milwaukee WI 53211-3120

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockford Orthopaedic Associates Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27906288  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Steven A Barrington, , MD		Date of Receipt
	Mailing Address PO Box 235003		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Montgomery	AL	36123-5003
	FEC ID number of contributing federal political committee.		Transaction ID: 27906290
Name of Employer AOS		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Sergio D Ilic, , MD		Date of Receipt
	Mailing Address 7446 N Chestnut		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Clovis	CA	93611-9169
	FEC ID number of contributing federal political committee.		Transaction ID: 27906291
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John English Feighan, , MD		Date of Receipt
	Mailing Address 2260 Harcourt Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Cleveland Heights	OH	44106-4610
	FEC ID number of contributing federal political committee.		Transaction ID: 27906292
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Grady-Benson, , MD

Mailing Address 85 Seymour St Ste 607

City State Zip Code  
Hartford CT 06106-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orthopaedic Associates of Hartford  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27906293  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Henry J Blum, , MD

Mailing Address 5420 W Loop South Ste 4100

City State Zip Code  
Bellaire TX 77401-2121

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27906294  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank P Giammattei, , MD

Mailing Address Crozer-Chester Med Ctr Ste 324  
Professional Office Bldg 2

City State Zip Code  
Upland PA 19013

FEC ID number of contributing federal political committee. **C**

Name of Employer: Premier Orthopaedics  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt: 05 / 08 / 2008  
Transaction ID: 27906295  
Amount of Each Receipt this Period: 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1083.34**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Felasfa M Wodajo, MD

Mailing Address 5530 Wisconsin Ave Ste 1660

City State Zip Code  
Chevy Chase MD 20815-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Summit Ortho Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27906296

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Albert, MD

Mailing Address 1285 Hembree Rd Ste 200A

City State Zip Code  
Roswell GA 30076-4995

FEC ID number of contributing federal political committee. **C**

Name of Employer Resurgens Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27906298

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Leslie H Kim, MD

Mailing Address 901 Campus Dr Ste 111

City State Zip Code  
Daly City CA 94015-4930

FEC ID number of contributing federal political committee. **C**

Name of Employer West Bay Orthopaedic Medical Group Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2008

Transaction ID: 27906299

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen R Davenport, MD  
Mailing Address 3301 NW 50th St  
City State Zip Code  
Oklahoma City OK 73112-5627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: 27906300  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Timothy Zoellner, MD  
Mailing Address Orthopaedic Institute  
810 E 23rd St  
City State Zip Code  
Sioux Falls SD 57105-2135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic Institute Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: 27906301  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. H Morton Bertram, III, MD  
Mailing Address PO Box 112649  
City State Zip Code  
Naples FL 34108-0145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 08 / 2008  
Transaction ID: 27906302  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth A Pettine, MD		Date of Receipt
	Mailing Address Rocky Mountain Assoc in Orthopedic 3810 N Grant Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City Loveland	State CO	Zip Code 80538-8412
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27906303
	Amount of Each Receipt this Period		<input type="text"/> 2000.00
Name of Employer Rocky Mountain Associates in Orthopaed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles N Versteeg, Jr, MD		Date of Receipt
	Mailing Address 2780 E Barnett Rd Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City Medford	State OR	Zip Code 97504-8674
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27906304
	Amount of Each Receipt this Period		<input type="text"/> 1000.00
Name of Employer Southern Oregon Orthopaedics		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven L Barnett, MD		Date of Receipt
	Mailing Address 280 S Main St Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 8 / 2 0 0 8
	City Orange	State CA	Zip Code 92868-3852
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27906306
	Amount of Each Receipt this Period		<input type="text"/> 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregory J Austin, , MD

Mailing Address 725 Reservoir Ave Ste 101

City Cranston State RI Zip Code 02910-4450

FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic Assoc. Inc Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 05 / 08 / 2008  
**Transaction ID: 27906307**  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory W Soghikian, , MD

Mailing Address 700 Lake Ave Ste 1

City Manchester State NH Zip Code 03103-2734

FEC ID number of contributing federal political committee. **C**

Name of Employer NH Orthopaedic Surgery Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2008  
**Transaction ID: 27906308**  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert M Dimick, , MD

Mailing Address Premier Orthopaedics  
5651 Frist Blvd Ste 500

City Hermitage State TN Zip Code 37076-2059

FEC ID number of contributing federal political committee. **C**

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 30 / 2008  
**Transaction ID: 27969197**  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dale R Butler, MD

Mailing Address 105 Catherine Ln

City State Zip Code  
Grass Valley CA 95945-5705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2008  
Transaction ID: 27969198  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Moheb S Moneim, MD

Mailing Address Univ of New Mexico  
MSC10 5600 -1 Univ of New Mexico

City State Zip Code  
Albuquerque NM 87131-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer University of New Mexico Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 30 / 2008  
Transaction ID: 27969199  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Cyrus Ghavam, MD

Mailing Address 3000 Cliffs Edge

City State Zip Code  
Huntsville AL 35801-1177

FEC ID number of contributing federal political committee. **C**

Name of Employer The Orthopaedic Center, PC Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 30 / 2008  
Transaction ID: 27969200  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen L Hackett, , FACHE, C		Date of Receipt	
	Mailing Address AAOS 6300 N. River Rd		M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969201
	Rosemont	IL	60606-1504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer American Academy of Orthopaedic Surgeon		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Haik G Kavookjian, , MD		Date of Receipt	
	Mailing Address 555 Newfield Ave		M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969202
	Stamford	CT	06905-3330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen C McNeil, , MD		Date of Receipt	
	Mailing Address 15 Roche Brothers Wy Ste 200		M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969206
	North Easton	MA	02356-1000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Orthopedic Care Specialists		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Marks, , MD, MBA

Mailing Address Coastal Orthopaedics, PC  
40 Cross St Ste 300

City Norwalk State CT Zip Code 06851-4661

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 30 / 2008  
Transaction ID: 27969208  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel Lee, , MD

Mailing Address 10209 Red Bridge Ave

City Las Vegas State NV Zip Code 89134-2556

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2008  
Transaction ID: 27969209  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas L Erickson, , MD

Mailing Address 1780 E Florence Blvd Ste 106

City Casa Grande State AZ Zip Code 85222-4782

FEC ID number of contributing federal political committee. **C**

Name of Employer Sierra Orthopaedics PC Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 30 / 2008  
Transaction ID: 27969210  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A McEnerney, MD

Mailing Address ABQ Health Partners  
5150 Journal Center Blvd NE

City Albuquerque State NM Zip Code 87109-5900

FEC ID number of contributing federal political committee. **C**

Name of Employer ABQ Health Partners Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2008  
**Transaction ID: 27969211**  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ronald Victor Stradiotto, MD

Mailing Address 2806 Redwood Rd

City Napa State CA Zip Code 94558-4130

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Health Services Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2008  
**Transaction ID: 27969212**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Vener, MD

Mailing Address 1201 Mickelson Dr

City Watertown State SD Zip Code 57201-7100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2008  
**Transaction ID: 27969214**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. George C Alber, , MD

Mailing Address 18 E Jimmie Leeds Rd

City State Zip Code  
Galloway NJ 08205-9510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 30 / 2008  
Transaction ID: 27969225  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Scott Beecher Scutchfield, , MD

Mailing Address 1591 Lexington Rd

City State Zip Code  
Danville KY 40422-9795

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Kentucky Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 30 / 2008  
Transaction ID: 27969226  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Keith Frazier, , MD

Mailing Address 5801 Norris Canyon Rd Ste 210

City State Zip Code  
San Ramon CA 94583-5440

FEC ID number of contributing federal political committee. **C**

Name of Employer Webster Orthopaedic Medical Group Occupation Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 20 / 2008  
Transaction ID: 27969228  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. John F Irving, , MD

Mailing Address 199 Whitney Ave

City State Zip Code  
New Haven CT 06511-3786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Orthopaedic Group Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 27969229

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James H Van Olst, , MD

Mailing Address 136 SW Washington Ave #605

City State Zip Code  
Corvallis OR 97333-4879

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 27969231

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joel D Thompson, , MD

Mailing Address 4396 N Atfield PI

City State Zip Code  
Tucson AZ 85719-1175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southwest Shoulder & Elbow Center Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

**Transaction ID:** 27969232

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald J Lang, , MD		Date of Receipt
	Mailing Address Univ Hospital & Clinics K4/744 600 Highland Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Madison	WI	53792-0001
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27969233
Name of Employer University of Wisconsin		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Cherise M Dyal, , MD		Date of Receipt
	Mailing Address 261 Heather Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Franklin Lakes	NJ	07417-1111
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27969234
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. James C Karegeannes, , MD		Date of Receipt
	Mailing Address 123 Skyview Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Asheville	NC	28804-2720
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27969235
Name of Employer Blue Ridge Bone & Joint		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven D Washburn, , MD  
 Mailing Address 4731 S White Mtn Rd Ste 1  
 City State Zip Code  
 Show Low AZ 85901-7818  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 8  
**Transaction ID:** 27969236  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Orthopaedic Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert I Forster, , MD  
 Mailing Address 202 SW Palm Cove Dr  
 City State Zip Code  
 Palm City FL 34990-4341  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 8  
**Transaction ID:** 27969237  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Florida Orthopaedic Specialists Orthopaedic Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Claiborne Lake Moseley, , MD  
 Mailing Address 1007 E Matthews  
 City State Zip Code  
 Jonesboro AR 72401-4308  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 0 / 2 0 0 8  
**Transaction ID:** 27969238  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arkansas Orthopaedics Orthopaedic Surgeon  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Rick F Papandrea, MD

Mailing Address 1111 Delafield St Ste 120

City State Zip Code  
Waukesha WI 53188-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 27969239

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey K Moore, MD

Mailing Address 3714 Guardian Ave

City State Zip Code  
Morehead City NC 28557-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carteret Surgical Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 27969240

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey M Nakano, MD

Mailing Address 627 25 1/2 Rd

City State Zip Code  
Grand Junction CO 81505-6401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rocky Mountain Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 8

**Transaction ID:** 27969241

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. William L Green, , MD

Mailing Address 3838 California St

City State Zip Code  
San Francisco CA 94118-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 27969242

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Calhoun Killian, , MD

Mailing Address 230 Hilton Ave Ste 114

City State Zip Code  
Hempstead NY 11550-8116

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 27969243

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Dhiren S Sheth, , MD

Mailing Address 6670 Alton Pkwy

City State Zip Code  
Irvine CA 92618-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Southern California Perma- Orthopaedic Surgeon  
nente

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 27969244

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Benjamin D Rubin, , MD		Date of Receipt	
	Mailing Address Orthopaedic Specialty Institute 280 S Main Ste 200		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969246
	Orange	CA	92868-3852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lawrence R Walker, , MD		Date of Receipt	
	Mailing Address PO Box 925 294 N Fairway		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969247
	Lake Arrowhead	CA	92352-0925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer OMG Riverside CA		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas S Samuelson, , MD		Date of Receipt	
	Mailing Address 12101 Catalina St		M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 27969248
	Leawood	KS	66209-1508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer Kansas City Bone & Joint		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 / 149		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John G Heller, , MD	Date of Receipt
	Mailing Address 59 Executive Park South NE Ste 300	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City State Zip Code Atlanta GA 30329-2208	<b>Transaction ID:</b> 27969249
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer: Emory Spine Center Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Benjamin Shaffer, , MD	Date of Receipt
	Mailing Address 4522 Lingan Way NW	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City State Zip Code Washington DC 20007-2549	<b>Transaction ID:</b> 27969250
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer: Washington Orthopaedics & Sports Med Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gregory Scott DiFelice, , MD	Date of Receipt
	Mailing Address 500 E 77th St Apt 2524	<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City State Zip Code New York NY 10162-0028	<b>Transaction ID:</b> 27969252
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period
	Name of Employer: NYMA Occupation: Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kevin L Moore, MD

Mailing Address 5601 DeSota Ave

City State Zip Code  
Woodland Hills CA 91367-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2008

Transaction ID: 27969253

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Tobin, MD

Mailing Address Tobin Bone & Joint Surgery  
12 Lafayette Pl Ste A

City State Zip Code  
Hilton Head Island SC 29926-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 27969255

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Carey E Winder, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City State Zip Code  
Baton Rouge LA 70810-7827

FEC ID number of contributing federal political committee. **C**

Name of Employer Baton Rouge Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 27969256

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Hans Robert Tuten, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address Tuckahoe Orthopaedic Associates PO Box 71690	<b>Transaction ID:</b> 27969257
	City Richmond State VA Zip Code 23255-1690	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Tuckahoe Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph E Slappey, Jr, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 1600 Forsyth St	<b>Transaction ID:</b> 27969258
	City Macon State GA Zip Code 31201-1408	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Forsyth Street Ortho Surg & Rehab Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John K Wollaeger, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address UWU Health / Orthopaedics 1 S Park St	<b>Transaction ID:</b> 27969259
	City Madison State WI Zip Code 53715-1375	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Orthopedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 149  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Bruce R Buhr, MD

Mailing Address Wichita Clinic  
3311 E Murdock St

City State Zip Code  
Wichita KS 67208-3054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wichita Clinic Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 27969260

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Marc J Michaud, MD

Mailing Address 11 Cherry Ln

City State Zip Code  
Bedford NH 03110-4339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NH Orthopaedic Surgery, PA Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 27969261

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Dwight W Burney, III, MD

Mailing Address New Mexico Orthopaedics  
201 Cedar SE Ste 6600

City State Zip Code  
Albuquerque NM 87106-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
New Mexico Orthopaedics Orthopaedic Surgeon

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: 27969262

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 149		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kevin K Nahigian, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 1732 Villagepark Dr	<b>Transaction ID:</b> 27969263
	City State Zip Code Orangeburg SC 29118-2457	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. George A Pugh, MD	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 1124 Longridge Rd	<b>Transaction ID:</b> 27969264
	City State Zip Code Oakland CA 94610-1812	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer East Bay Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Subramanyan Jayasankar, MD	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 74 Country Dr	<b>Transaction ID:</b> 28026533
	City State Zip Code Weston MA 02493-1165	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 149		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Phillips Altman, MD		Date of Receipt	
	Mailing Address 1 Church St		M M / D D / Y Y Y Y Y 06 / 06 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 28026535
	New Haven	CT	06510-3348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Felasfa M Wodajo, MD		Date of Receipt	
	Mailing Address 5530 Wisconsin Ave Ste 1660		M M / D D / Y Y Y Y Y 06 / 06 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 28026536
	Chevy Chase	MD	20815-4322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Summit Ortho		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, MD		Date of Receipt	
	Mailing Address Crozer-Chester Med Ctr Ste 324 Professional Office Bldg 2		M M / D D / Y Y Y Y Y 06 / 06 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> 28026537
	Upland	PA	19013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		83.34	
Name of Employer Premier Orthopaedics		Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>433.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Brett L Wasserlauf, MD	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 673 Cottage Grove Rd	<b>Transaction ID:</b> 28026538
	City State Zip Code Bloomfield CT 06002-3033	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Collins Medical Assoc Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kenneth Levitsky, MD	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 28-04 Broadway	<b>Transaction ID:</b> 28026539
	City State Zip Code Fair Lawn NJ 07410-3913	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Garden State Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen J Incavo, MD	Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address The Methodist Hospital 6550 Fannin Ste 2500	<b>Transaction ID:</b> 28026559
	City State Zip Code Houston TX 77030-2750	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Methodist Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Neil Rodman R Johnson, , MD

Mailing Address 5613 Parkwood Ln

City Edina State MN Zip Code 55436-1722

FEC ID number of contributing federal political committee. **C**

Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 12 / 2008  
**Transaction ID: 28026560**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Frank B Norberg, , MD

Mailing Address 3250 W 66th St Ste 100

City Edina State MN Zip Code 55435-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 12 / 2008  
**Transaction ID: 28026561**  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert P Nirschl, , MD

Mailing Address 1715 N George Mason Dr Ste 503

City Arlington State VA Zip Code 22205-3669

FEC ID number of contributing federal political committee. **C**

Name of Employer Nirschl Orthopedic Sports Medicine Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 18 / 2008  
**Transaction ID: 28070318**  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth K Ishizue, , MD

Mailing Address 12705 Corte Cordillera

City State Zip Code  
Salinas CA 93908-8942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28070319

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary M Schniegenberg, , MD

Mailing Address 801 Medical Dr Ste A

City State Zip Code  
Lima OH 45804-4099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopedic Institute of Ohio Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28070320

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James B Benjamin, , MD

Mailing Address 1555 E River Rd

City State Zip Code  
Tucson AZ 85718-5831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28070321

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Melburn K Huebner, MD

Mailing Address 1901 Medi Park Dr Ste 10

City Amarillo State TX Zip Code 79106-2105

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 18 / 2008

Transaction ID: 28070322

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Peter David McGann, MD

Mailing Address 7255 N Cedar Ave

City Fresno State CA Zip Code 93720-3831

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2008

Transaction ID: 28070323

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert M Ruth, MD

Mailing Address 2323 DeLaVina St Ste 201

City Santa Barbara State CA Zip Code 93105

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Hand Surgeons Inc Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2008

Transaction ID: 28070324

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel R Harrah, , MD		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 3220 Hospital Dr		<b>Transaction ID:</b> 28070326		
	City Juneau	State AK	Zip Code 99801-7808	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. James Albert Nunley, II, MD		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address Duke Univ Med Ctr Box 2923		<b>Transaction ID:</b> 28070327		
	City Durham	State NC	Zip Code 27710-0001	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Myron J Szczukowski, Jr, MD		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 510 Idlewild Ave Ste 200		<b>Transaction ID:</b> 28070328		
	City Easton	State MD	Zip Code 21601-3883	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Orthopaedic Center	Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce F C Gomberg, , MD	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address Augusta Ortho Center 11 Caldwell Rd	<b>Transaction ID:</b> 28070355
	City State Zip Code Augusta ME 04330-5739	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Augusta Orthopaedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Scott Burton, , MD	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 18 Ralston Rd	<b>Transaction ID:</b> 28070356
	City State Zip Code Atherton CA 94027-3913	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel R R Sparks, , MD	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 310 S 5th St	<b>Transaction ID:</b> 28070359
	City State Zip Code Gadsden AL 35901-4224	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Orthopaedic Centers Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gregory Scott DiFelice, MD

Mailing Address 500 E 77th St Apt 2524

City State Zip Code  
New York NY 10162-0028

FEC ID number of contributing federal political committee. **C**

Name of Employer NYMA Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

**Transaction ID:** 28070380

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James R Leonard, MD

Mailing Address 8737 Union Centre Blvd

City State Zip Code  
West Chester OH 45069-4878

FEC ID number of contributing federal political committee. **C**

Name of Employer Wellington Orthopaedics & Sports Medic Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

**Transaction ID:** 28070381

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Douglas A Slaughter, MD

Mailing Address 1035 Sierra Del Norte

City State Zip Code  
Santa Fe NM 87501-7074

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

**Transaction ID:** 28070384

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 149
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth R Zaslav, MD

Mailing Address 7858 Shrader Rd

City Richmond State VA Zip Code 23294-4222

FEC ID number of contributing federal political committee. **C**

Name of Employer: Advanced Orthopaedic Centers  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 16 / 2008  
Transaction ID: 28070385  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Charlotte J Harris, MD

Mailing Address 991 Medical Park Dr Ste 300

City Maysville State KY Zip Code 41056-8728

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Employed  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 24 / 2008  
Transaction ID: 28113616  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John Louis Albrigo, MD

Mailing Address 2445 Army-Navy Dr

City Arlington State VA Zip Code 22206-2905

FEC ID number of contributing federal political committee. **C**

Name of Employer: Anderson Orthopaedic Clinic  
Occupation: Orthopaedic Surgeon

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 24 / 2008  
Transaction ID: 28113617  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Mark Hazel, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 6701 Heritage Pkwy Ste 170	<b>Transaction ID:</b> 28113618
	City State Zip Code Rockwall TX 75087-8798	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Todd Hannula, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 600 Walnut Ridge Dr	<b>Transaction ID:</b> 28113619
	City State Zip Code Hartland WI 53029-9385	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel S Rich, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 585 Plandome Rd	<b>Transaction ID:</b> 28113621
	City State Zip Code Manhasset NY 11030-1971	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 149  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth K Ishizue, MD

Mailing Address 12705 Corte Cordillera

City State Zip Code  
Salinas CA 93908-8942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28113622

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph C DiRaimondo, MD

Mailing Address 1636 Miriam Rd

City State Zip Code  
Manitowoc WI 54220-1843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orthopaedic Associates of Manitowoc Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28113623

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Leonard Joseph Brazil, MD

Mailing Address 1600 The Esplanade Ste C

City State Zip Code  
Chico CA 95926-3369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28113625

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Sean J O'Donnell, , MD		Date of Receipt		
	Mailing Address Middlesex Ortho Surgeons 410 Saybrook Rd Ste 100		M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 8		
	City Middletown	State CT	Zip Code 06457-4780	<b>Transaction ID:</b> 28113627	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Middlesex Ortho Surg, PC	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gregg M Strathy, , MD		Date of Receipt		
	Mailing Address 6490 Excelsior Blvd Ste 400E		M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 8		
	City Saint Louis Park	State MN	Zip Code 55426-4721	<b>Transaction ID:</b> 28113628	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Park Nicollet Health Services	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Beth A Purdy, , MD		Date of Receipt		
	Mailing Address 1001 E Griswold Rd Unit 5		M M / D D / Y Y Y Y Y 0 6 / 2 4 / 2 0 0 8		
	City Phoenix	State AZ	Zip Code 85020-3776	<b>Transaction ID:</b> 28113675	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00		
	Name of Employer The Orthopedic Clinic Association	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Major E Blair, Jr, MD		Date of Receipt
	Mailing Address 1209 Bent Oaks Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Denton	TX	76210-3300
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28113676
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Taffet, , MD		Date of Receipt
	Mailing Address 133 Upland Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Haddonfield	NJ	08033-3603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28113677
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Evan H Karas, , MD		Date of Receipt
	Mailing Address Mt Kisco Med Group 90 S Bedford Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Mount Kisco	NY	10549-3412
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28113849
Name of Employer Mt Kisco Medical Group		Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Joseph Robert Trubia, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 925 Plantation Blvd	<b>Transaction ID:</b> 28113850
	City State Zip Code Gallatin TN 37066-4493	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. William Scott Bowen, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 5 St Vincent Cir Ste 100	<b>Transaction ID:</b> 28113851
	City State Zip Code Little Rock AR 72205-5415	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Kathi Teixeira, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 3029 E Lake Rd	<b>Transaction ID:</b> 28113853
	City State Zip Code Skaneateles NY 13152-9024	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Auburn Memorial Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 149  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles Moon, , MD

Mailing Address Cedars Sinai Orthopedic Center  
444 S San Vicente Blvd Ste 603

City Los Angeles State CA Zip Code 90048-4178

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedars Sinai Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 24 / 2008  
**Transaction ID: 28113854**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James C Cobey, , MD

Mailing Address Physicians Office Bldg South Tower  
106 Irving St NW Ste 420

City Washington State DC Zip Code 20010-2989

FEC ID number of contributing federal political committee. **C**

Name of Employer Washington Hospital Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2008  
**Transaction ID: 28113855**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven J Bruce, , MD

Mailing Address 3015 Squalicum Pkwy Ste 200

City Bellingham State WA Zip Code 98225-1906

FEC ID number of contributing federal political committee. **C**

Name of Employer Peace Health Hospital Sys-tems Occupation Orthopaedic Surgeon

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 24 / 2008  
**Transaction ID: 28113856**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Keith M Michael Baumgarten, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address Orthopedic Institute 810 E 23rd St	<b>Transaction ID:</b> 28113857
	City State Zip Code Sioux Falls SD 57105-2135	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Orthopaedic Institute Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Donald Mark Arms, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address 207 Oak Park	<b>Transaction ID:</b> 28113859
	City State Zip Code Mc Minnville TN 37110-1336	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Richard M Wilk, MD	Date of Receipt MM / DD / YYYY 06 / 24 / 2008
	Mailing Address Lahey Clinic 41 Mall Rd	<b>Transaction ID:</b> 28113860
	City State Zip Code Burlington MA 01805-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Lahey Clinic Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 118 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial) Dr. Christopher S Proctor, , MD		Date of Receipt
Mailing Address 511 Bath St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
City	State	Zip Code
Santa Barbara	CA	93101-3403
FEC ID number of contributing federal political committee.		Transaction ID: 28113861
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer Alta Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Kimberly Lee Furry, , MD		Date of Receipt
Mailing Address One Mercado St Ste 202		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
City	State	Zip Code
Durango	CO	81301-7307
FEC ID number of contributing federal political committee.		Transaction ID: 28113864
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer Durango Orthopaedic Associates	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 182175.02

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 149  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
American Assoc of Orthopaedic Surgeons  
Mailing Address 6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8980.44

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	4	1	0	2	0	0	8

**Transaction ID:** 27653399  
 Amount of Each Receipt this Period  
1633.42

Refund bank fees from affiliated organization

**B.** Full Name (Last, First, Middle Initial)  
American Assoc of Orthopaedic Surgeons  
Mailing Address 6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10406.46

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	5	0	6	2	0	0	8

**Transaction ID:** 27851333  
 Amount of Each Receipt this Period  
1426.02

Refund of bank fees from affiliated organization

**C.** Full Name (Last, First, Middle Initial)  
American Assoc of Orthopaedic Surgeons  
Mailing Address 6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
11712.83

Date of Receipt  

M	M	D	D	Y	Y	Y	Y
0	6	1	9	2	0	0	8

**Transaction ID:** 28099793  
 Amount of Each Receipt this Period  
1306.37

Refund of bank fees from affiliated organization

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4365.81**

**TOTAL** This Period (last page this line number only) ..... ► **4365.81**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 149
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 27879549
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="21.91"/>
		<input type="text" value="12810.42"/>	Interest earned on bank account

<b>B.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 27879555
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2897.74"/>
		<input type="text" value="12788.51"/>	Interest earned on bank account

<b>C.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28046280
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="16.30"/>
		<input type="text" value="15145.87"/>	Interest earned on bank account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2935.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 149
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28046343
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2319.15"/>
		<input type="text" value="15129.57"/>	Interest earned on bank account

<b>B.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28161952
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15.62"/>
		<input type="text" value="17403.72"/>	Interest received on bank account

<b>C.</b>	Full Name (Last, First, Middle Initial) Northern Trust Company		Date of Receipt
	Mailing Address 50 S. LaSalle St.		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60675
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 28161953
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2242.23"/>
		<input type="text" value="17388.10"/>	Interest received on bank account

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4577.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7512.95"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Sestak For Congress	Transaction ID: 27576250 Date of Disbursement																			
	Mailing Address P.O. Box 16	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	8												
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Rep. Joe Sestak	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 27688459 Date of Disbursement																			
	Mailing Address P.O. Box 71 PO Box 71	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Rep. Thomas P. Latham	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Moderate Democrats PAC	Transaction ID: 27688550 Date of Disbursement																			
	Mailing Address 426 C Street, NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Moderate Democrats PAC	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>12000.00</td></tr></table>	12000.00
12000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.	Transaction ID: 27688606 Date of Disbursement 04 / 14 / 2008
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 3000.00
	City Pawtucket State RI Zip Code 02860	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick J. Kennedy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman	Transaction ID: 27688688 Date of Disbursement 04 / 14 / 2008
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 2500.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Debbie Wasserman-Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Westmoreland For Congress	Transaction ID: 27688694 Date of Disbursement 04 / 14 / 2008
	Mailing Address P.O. Box 458	Amount of Each Disbursement this Period 3000.00
	City Sharpsburg State GA Zip Code 30277	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lynn A. Westmoreland	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nathan Deal For Congress</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 09</p>	<p><b>Transaction ID:</b> 27688701 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	8													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee</p> <p>Mailing Address 98 East Avenue Rear Building</p> <p>City Norwalk State CT Zip Code 06851</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Christopher Shays</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04</p>	<p><b>Transaction ID:</b> 27688702 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	8													
5000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: TN District: 06 2008 Congressional G</p>	<p><b>Transaction ID:</b> 27688708 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	8													
5000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Sessions Senate Committee Inc</p> <p>Mailing Address P O Box 4278</p> <p>City Montgomery State AL Zip Code 36103</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Jeff Sessions</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District:</p>	<p><b>Transaction ID:</b> 27753724 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	1		2	0	0	8													
5000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andre Carson For Congress</p> <p>Mailing Address One North Capitol Street #211</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Andre Carson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 07</p>	<p><b>Transaction ID:</b> 27770444 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	8													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address 123 East 13th Street</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael D. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 03</p>	<p><b>Transaction ID:</b> 27812965 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	8													
2000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**9500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress	Transaction ID: 27812966 Date of Disbursement
	Mailing Address P.O. Box 582	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Kensington State MD Zip Code 20895	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Lucille Roybal-Allard	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Battle Born Leadership PAC	Transaction ID: 27812967 Date of Disbursement
	Mailing Address 1155 21st Street NW Suite 300	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Battle Born Leadership PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 27812968 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Thomas E. Price, M.D.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee  Mailing Address P.O. Box 8331  City Fremont State CA Zip Code 94537  Purpose of Disbursement  Candidate Name Rep. Fortney Peter Stark  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 27812969 Date of Disbursement 04 / 29 / 2008  Amount of Each Disbursement this Period 2500.00  011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Wyoming Values PAC  Mailing Address PO Box 1665  City Alexandria State VA Zip Code 22313  Purpose of Disbursement  Candidate Name Wyoming Values PAC  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 27812971 Date of Disbursement 04 / 29 / 2008  Amount of Each Disbursement this Period 5000.00  011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) Matheson For Congress  Mailing Address PO Box 521048 Suite A  City Salt Lake City State UT Zip Code 84152  Purpose of Disbursement  Candidate Name Rep. James D. Matheson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 27812972 Date of Disbursement 04 / 29 / 2008  Amount of Each Disbursement this Period 1000.00  011 Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 27812982 Date of Disbursement 04 / 29 / 2008
	Mailing Address P.O. Box 1776	Amount of Each Disbursement this Period 1000.00
	City Freedom State PA Zip Code 15042	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 27812984 Date of Disbursement 04 / 29 / 2008
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 1000.00
	City Levittown State PA Zip Code 19058	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

C.	Full Name (Last, First, Middle Initial) House Conservatives Fund	Transaction ID: 27812985 Date of Disbursement 04 / 29 / 2008
	Mailing Address PO Box 2752	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name House Conservatives Fund	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Transaction ID: 27812986 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">4000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) The Freedom Project <hr/> Mailing Address 424 C Street, NE Basement Unit <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name The Freedom Project Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27812987 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Castor For Congress <hr/> Mailing Address 301 W. Platt Street #385 <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Katherine Castor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 11	Transaction ID: 27812989 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**7500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand For Congress</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Kirsten Gillibrand</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: NY District: 20</p>	<p><b>Transaction ID:</b> 27812990 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	9	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	9	/	2	0	0	8													
2000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: PA District: 16</p>	<p><b>Transaction ID:</b> 27812991 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	9	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	9	/	2	0	0	8													
2000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marion Berry For Congress</p> <p>Mailing Address P.O. Box 8084</p> <p>City Jonesboro State AR Zip Code 72403</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 01</p>	<p><b>Transaction ID:</b> 27812993 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	9	/	2	0	0	8	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	9	/	2	0	0	8													
1500.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">5500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC (CBC-PAC)</p> <p>Mailing Address 227 Massachusetts Ave, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Congressional Black Caucus PAC (CBC-PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 27812994</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Republican Main Street Partnership</p> <p>Mailing Address 2201 Wisconsin Avenue NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Republican Main Street Partnership</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 27812995</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Bill Posey</p> <p>Mailing Address 1824 South Fiske Boulevard</p> <p>City Rockledge State FL Zip Code 32955</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Mr. Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 15</p>	<p><b>Transaction ID:</b> 27827909</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

15000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman	Transaction ID: 27827911 Date of Disbursement 05 / 02 / 2008
	Mailing Address 1071 Twin Branch Ln	Amount of Each Disbursement this Period 5000.00
	City Weston State FL Zip Code 33326	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Debbie Wasserman-Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
	State: FL District: 20	

B.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Transaction ID: 27832709 Date of Disbursement 02 / 20 / 2008
	Mailing Address 715 Jones Street Suite 101	Amount of Each Disbursement this Period 1000.00
	City Fort Worth State TX Zip Code 76102	
	Purpose of Disbursement Funds Reported On April 15 Quarterly Report	011 Category/ Type
	Candidate Name Rep. Kay Granger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 12	

**[MEMO ITEM]**  
Funds Reported On April 15 Quarterly Report

C.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Transaction ID: 27832710 Date of Disbursement 05 / 07 / 2008
	Mailing Address 715 Jones Street Suite 101	Amount of Each Disbursement this Period 1000.00
	City Fort Worth State TX Zip Code 76102	
	Purpose of Disbursement Re-designated funds for trans. dated 2/20/2008	011 Category/ Type
	Candidate Name Rep. Kay Granger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
	State: TX District: 12	

**[MEMO ITEM]**  
Re-designated funds for trans. dated 2/20/2008

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro	Transaction ID: 27879430 Date of Disbursement 05 / 14 / 2008
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee	Transaction ID: 27879433 Date of Disbursement 05 / 14 / 2008
	Mailing Address P. O. Box 47025	Amount of Each Disbursement this Period 2500.00
	City St. Petersburg State FL Zip Code 33743	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. C.W. Bill Young	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

C.	Full Name (Last, First, Middle Initial) Engel For Congress	Transaction ID: 27879439 Date of Disbursement 05 / 14 / 2008
	Mailing Address 462 California Road	Amount of Each Disbursement this Period 1000.00
	City Bronxville State NY Zip Code 10708	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Eliot L. Engel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) America Works Committee	Transaction ID: 27879441 Date of Disbursement
	Mailing Address 607 14th Street N.W. Suite 800	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name America Works Committee	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund For A Greater America	Transaction ID: 27879443 Date of Disbursement
	Mailing Address 499 South Capitol Street, SW #414	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name AMERIPAC: The Fund For A Greater America	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Battle Born Leadership PAC	Transaction ID: 27879444 Date of Disbursement
	Mailing Address 1155 21st Street NW Suite 300	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Battle Born Leadership PAC	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="14000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Defazio For Congress</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Peter A. DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 04</p>	<p><b>Transaction ID:</b> 27879446 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	4	/	2	0	0	8													
2500.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:</p>	<p><b>Transaction ID:</b> 27879447 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	4	/	2	0	0	8													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Victory Now PAC</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Victory Now PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> 27879450 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	4	/	2	0	0	8													
5000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">8500.00</td></tr></table>	8500.00
8500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 27879451 Date of Disbursement
	Mailing Address P.O. Box 8331	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City State Zip Code Fremont CA 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Fortney Peter Stark	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G
B.	Full Name (Last, First, Middle Initial) Montana Democratic Party	Transaction ID: 27879453 Date of Disbursement
	Mailing Address PO Box 802	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City State Zip Code Helena MT 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Montana Democratic Party	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) John Lewis For Congress	Transaction ID: 27879454 Date of Disbursement
	Mailing Address 303 Peachtree Street, Ne Suite 5300	<input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City State Zip Code Atlanta GA 30308	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. John Lewis	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Lincoln G. Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 21</p>	<p><b>Transaction ID:</b> 27966696 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kay Bailey Hutchison For Senate Committee</p> <p>Mailing Address PO Box 9190</p> <p>City Dallas State TX Zip Code 75209</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Kay Bailey Hutchison</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District:</p>	<p><b>Transaction ID:</b> 27966698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Melissa Bean For Congress</p> <p>Mailing Address PO Box 3068</p> <p>City Barrington State IL Zip Code 60010</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Melissa L. Bean</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: IL District: 08</p>	<p><b>Transaction ID:</b> 27966699 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">11000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tierney For Congress</p> <p>Mailing Address 49 Federal Street</p> <p>City Salem State MA Zip Code 01970</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. John F. Tierney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 27966700 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p>	<p><b>Transaction ID:</b> 27995175 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p>	<p><b>Transaction ID:</b> 27995176 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">7500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </span>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Coleman For Senate 08	Transaction ID: 27995177 Date of Disbursement 06 / 09 / 2008
	Mailing Address 680 Transfer Road Suite A	Amount of Each Disbursement this Period 1000.00
	City St Paul State MN Zip Code 55114	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Sen. Norm Coleman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Harkin	Transaction ID: 27995178 Date of Disbursement 06 / 09 / 2008
	Mailing Address PO Box 811	Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50304	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Tom Harkin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b>	Full Name (Last, First, Middle Initial) Vern Buchanan For Congress	Transaction ID: 27995180 Date of Disbursement 06 / 09 / 2008
	Mailing Address P. O. Box 48928	Amount of Each Disbursement this Period 2000.00
	City Sarasota State FL Zip Code 34230	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Vern Buchanan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 141 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)  
Todd Akin For Congress

Mailing Address PO Box 31222

City St Louis State MO Zip Code 63131

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Todd Akin

Office Sought:  House  
 Senate  
 President  
State: MO District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 27995181  
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Sue Wilkins Myrick

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
2008 Congressional G

Transaction ID: 27995183  
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)  
Dutch Ruppertsberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. C.A. Dutch Ruppertsberger

Office Sought:  House  
 Senate  
 President  
State: MD District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
2008 Congressional G

Transaction ID: 27995184  
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

6500.00

TOTAL This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 27995186 Date of Disbursement 06 / 09 / 2008
	Mailing Address PO Box 521048 Suite A	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James D. Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G

B.	Full Name (Last, First, Middle Initial) Alamo PAC	Transaction ID: 28062642 Date of Disbursement 06 / 17 / 2008
	Mailing Address 816 Congress Ave, Suite 960 Frost Bank Plaza	Amount of Each Disbursement this Period 2500.00
	City Austin State TX Zip Code 78701	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Alamo PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Porter For Congress	Transaction ID: 28062645 Date of Disbursement 06 / 17 / 2008
	Mailing Address 7840 Red Leaf Drive	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89131	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jon C. Porter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b>	Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc <hr/> Mailing Address PO Box 12425 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Sen. James W. DeMint <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District:	<b>Transaction ID:</b> 28062647 Date of Disbursement 06 / 17 / 2008	Amount of Each Disbursement this Period 1500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress <hr/> Mailing Address P.O. Box 819 PO Box 819 <hr/> City Amherst State MA Zip Code 01004 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. John W. Olver <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 01	<b>Transaction ID:</b> 28062650 Date of Disbursement 06 / 17 / 2008	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Sam Johnson <hr/> Mailing Address P.O. Box 860096 <hr/> City Plano State TX Zip Code 75086 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. Samuel Robert Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 03	<b>Transaction ID:</b> 28062654 Date of Disbursement 06 / 17 / 2008	Amount of Each Disbursement this Period 5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tiaht For Congress</p> <p>Mailing Address 2250 N Rock Rd #118 A</p> <p>City Wichita State KS Zip Code 67226</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Todd Tiaht</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 04</p>	<p><b>Transaction ID:</b> 28062678 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	7	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	7	/	2	0	0	8													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jesse Jackson Jr. For Congress</p> <p>Mailing Address P.O. Box 490286</p> <p>City Chicago State IL Zip Code 60649</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Jesse L. Jackson, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: IL District: 02 2008 Congressional G</p>	<p><b>Transaction ID:</b> 28088078 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	0	/	2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	0	/	2	0	0	8													
2500.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: CA District: 08 2008 Congressional G</p>	<p><b>Transaction ID:</b> 28088079 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	0	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	0	/	2	0	0	8													
5000.00																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**8500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 28088080 Date of Disbursement 06 / 20 / 2008
	Mailing Address PO Box 64	Amount of Each Disbursement this Period 5000.00
	City Jackson State MS Zip Code 39205	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Roger Wicker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: 28088082 Date of Disbursement 06 / 20 / 2008
	Mailing Address 509 Madison Avenue Suite 1902	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name IMPACT	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tom Feeney For Congress	Transaction ID: 28088094 Date of Disbursement 06 / 20 / 2008
	Mailing Address P. O. Box 622345	Amount of Each Disbursement this Period 5000.00
	City Oviedo State FL Zip Code 32762	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Tom Feeney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address 499 South Capitol Street, SW #107</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 28088096</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Texas Freedom Fund</p> <p>Mailing Address PO Box 6136</p> <p>City Alexandria State VA Zip Code 22306</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Texas Freedom Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 28123145</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Simpson For Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Congressional G</p> <p>State: ID District: 02</p>	<p><b>Transaction ID:</b> 28123146</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">12000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;">219000.00</span>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 147 / 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27640787 Date of Disbursement 04 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 870.47 <hr/> Bank fees deducted from account
B.	Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Estimated tax payment on 1st Quarter Interest Income Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27719505 Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 3462.00 <hr/> Estimated tax payment on 1st Quarter Interest Income
C.	Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27829862 Date of Disbursement 04 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 433.50 <hr/> Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**4765.97**

**TOTAL** This Period (last page this line number only) ..... ▶

.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.	Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27829863 Date of Disbursement 05 / 05 / 2008	Amount of Each Disbursement this Period 992.52  Bank fees deducted from account
B.	Full Name (Last, First, Middle Initial) United States Treasury <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement Additional 2007 income tax on interest income Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27963723 Date of Disbursement 05 / 30 / 2008	Amount of Each Disbursement this Period 229.53  Additional 2007 income tax on interest income
C.	Full Name (Last, First, Middle Initial) Northern Trust Company <hr/> Mailing Address 50 S. LaSalle St. <hr/> City Chicago State IL Zip Code 60675 <hr/> Purpose of Disbursement Bank fees deducted from account Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27988147 Date of Disbursement 05 / 28 / 2008	Amount of Each Disbursement this Period 767.56  Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1989.61

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 149 / 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 28046367

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

538.81

Bank fees deducted from account

B.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City Chicago State IL Zip Code 60675

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: 28139777

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

201.73

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional) .....

740.54

TOTAL This Period (last page this line number only) .....

7496.12